



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 93125		2. Exact name of the Corporation Palate Pleasers Gourmet, Ltd.			
3. Principal Office Address 195 Ridge Road		City South Kingstown		State RI	Zip 02879
4. NAICS Code 72		6. Brief description of the character of business conducted in Rhode Island For the purchase, sale, preparation and resale at both wholesale and retail food and beverage of every type.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Theresa V. E. Mazzenga			Vice-President Name Aroldo Mazzenga		
Street Address 195 Ridge Road			Street Address 195 Ridge Road		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
Secretary Name Aroldo Mazzenga			Treasurer Name Theresa V. E. Mazzenga		
Street Address 195 Ridge Road			Street Address 195 Ridge Road		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Theresa V. E. Mazzenga			Director Name Aroldo Mazzenga		
Street Address 195 Ridge Road			Street Address 195 Ridge Road		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. 1000 Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 60	CLASS/SERIES Common	PAR VALUE No par value
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative Theresa V. E. Mazzenga				Date 02-02-17	
Signature of Authorized Representative <i>Theresa V. E. Mazzenga</i>					

SIGN DOCUMENT HERE

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FEB 10 2017
BY 1534
FORM 600 - Revised: 10/2016